

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 2 2

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.170(a)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Please see attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Please see attached listing

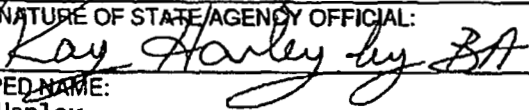
10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to delete Faulkner, Lonoke and Pulaski counties from public and non-public transportation services. Effective 12-1-01, these counties are included in the non-emergency transportation waiver.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE/AGENCY OFFICIAL:



13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

October 26, 2001

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot ~~XXX~~ S295

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10-31-01

18. DATE APPROVED:

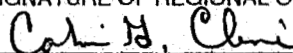
11-13-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2001-022**

**8. Number of the Plan
Section or Attachment**

Attachment 3.1-A, Page 9aa

Attachment 3.1-A, Page 9aaa

Attachment 3.1-B, Page 8bb

Attachment 3.1-B, Page 8bbb

Attachment 4.19-B, Page 8aaa

Attachment 4.19-B, Page 8aaaa

**9. Number of the Superseded Plan
Section or Attachment**

Attachment 3.1-A, Page 9aa
Approved 02-25-00, TN 99-30

Attachment 3.1-A, Page 9aaa
Approved 02-25-00, TN 99-30

Attachment 3.1-B, Page 8bb
Approved 02-25-00, TN 99-30

Attachment 3.1-B, Page 8bbb
Approved 02-25-00, TN 99-30

Attachment 4.19-B, Page 8aaa
Approved 08-03-01, TN 01-16

Attachment 4.19-B, Page 8aaaa
Approved 08-03-01, TN 01-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 9aa

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, public transportation services are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid recipient being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT recipients.

- Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, City-to-City - may be billed once per day, per recipient for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

SUPERSEDES TN- 99-30

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>10-31-01</u>	
DATE APPV'D	<u>11-13-01</u>	
DATE EFF	<u>12-01-01</u>	
HCFA 179	<u>Ark-01-22</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 9aaa

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

a. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

- Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.
- Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per recipient for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, non-public transportation services are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid recipient transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the recipient's return destination.

The following benefit limits are established. The benefit limits do not apply to EPSDT recipients.

This service may be billed once per day, per recipient for a maximum of 300 miles per date of service.

SUPERSEDES: TN- 99-30

STATE	<u>Arkansas</u>
DATE REC'D	<u>10-31-01</u>
DATE APP'D	<u>11-13-01</u>
DATE EFF	<u>12-01-01</u>
HCFA 179	<u>Ar2-01-22</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.i-B
Page 8bb

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, public transportation services are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid recipient being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT recipients.

- Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, City-to-City - may be billed once per day, per recipient for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. The provider may request an Extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

SUPERSEDES: TN- 99-30

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-31-01</u>	
DATE APP'D <u>11-13-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-22</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 8bbb

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

- Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. The provider may request an Extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.
- Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per recipient for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, non-public transportation services are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid recipient transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the recipient's return destination.

The following benefit limits are established. The benefit limits do not apply to EPSDT recipients.

This service may be billed once per day, per recipient for a maximum of 300 miles per date of service.

SUPERSEDES TN- 99-30

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>10-31-01</u>	
DATE APP'D	<u>11-13-01</u>	
DATE EFF	<u>12-01-01</u>	
HCFA 179	<u>Ark-01-22</u>	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: December 1, 2001

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, the following reimbursement applies to public transportation services:

Taxi/Wheelchair Van - Reimbursement is based on the lesser of billed charges or the Title XIX maximum allowable. The billed charges must reflect the same charges made to all other passengers for the same service as determined by the local municipality which issues the permit to operate or by the Interstate Commerce Commission. The Title XIX maximum was established utilizing the 1991 Taxicab Fact Book issued by the International Taxicab and Livery Association. The calculations are as follows:

Taxi - The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 25% = \$1.13 per mile (unit).

Wheelchair Van - Must transport 6 or more passengers comfortably.

The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 65% = \$1.50 per mile (unit). An additional 40% was added to the reimbursement per mile due to the added cost of wheelchair van adaptation for wheelchair accessibility and for additional provider compensation for physically assisting the disabled.

The State Agency will negotiate with the affected provider group representative should recipient access become an issue.

SUPERSEDES: TN- 01-16

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>10-31-01</u>	
DATE APP'VD	<u>11-13-01</u>	
DATE EFF	<u>12-01-01</u>	
HCFA 179	<u>AR-01-22</u>	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: December 1, 2001

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency (Continued)

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, Non-Public Transportation Services reimbursement is based on the lesser charges or the Title XIX maximum allowable. The Title XIX maximum is based on the Internal Revenue Service (IRS) reimbursement for private mileage in a business setting, plus an additional allowance for the cost of the driver. The standard mileage private reimbursement is compliant to the 1997 Standard Federal Tax Report, paragraph #8540.011. The calculation of the additional allowance for the cost of the driver is based on the minimum wage per hour, plus 28% of salaries (minimum wage) for fringe benefits, plus a fixed allowance of \$2.11 for the provider's overhead and billings, divided by 30 (average number of miles per trip). The average number of miles was determined by utilizing data from SFY 1996 and dividing the number of miles per trip by the number of trips made.

The State Agency will negotiate with the affected provider group representatives should recipients access become an issue.

(4) Volunteer Transportation: Amount of payment is agreed on by County Human Services Office and the Carrier. Medicaid reimburses the County Human Services Office for the agreed amount.

The rate of reimbursement equals the amount of travel reimbursement per mile for a state employee. Medicaid reimbursement will not be made for services provided free of charge.

(5) Domiciliary Care: Fixed price set by Assistant Director, Division of Medical Services, based on reasonable cost. The provider submits a statement of expenses, i.e. salaries, repairs, supplies, rent, etc. for their past fiscal year. These costs are reviewed by the State's auditors for reasonableness. These costs are reviewed annually and adjusted if necessary, therefore, an inflation factor is not applied.

The cost of meals and lodging are provided only when necessary in connection with transportation of a recipient to and from medical care.

SUPERSEDES: TN- 01-16

STATE	<u>Arkansas</u>
DATE REC'D	<u>10-31-01</u>
DATE APPRO	<u>11-13-01</u>
DATE EFF	<u>12-01-01</u>
HCFA 179	<u>AR-01-22</u>

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**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

November 13, 2001

Our Reference: SPA-AR-01-22

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-22, dated October 26, 2001. This amendment deletes Faulkner, Lonoke, and Pulaski counties from public and non-public transportation services. Recipients in these counties will receive transportation services through the State's 1915(b) Non-emergency transportation waiver.

We have approved the amendment for incorporation into the official Arkansas State Plan effective December 1, 2001. If you have any questions, please call Bill Brooks at (214) 767-4461.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO

